

Section 6: Coordination and Linkages

Individuals at high risk of becoming HIV-infected often face a complex set of issues and concerns that may seem unrelated to the risk of infection, including substance abuse, mental health issues, homelessness, poverty, immigration issues, and unemployment. These needs must be addressed before an individual can begin behavior change that reduces the risk for HIV infection.

Because HIV prevention providers are not able to address and meet all client needs within their own programs, the District must have in place a system of coordination and linkages among programs and services. A crucial component of linkages among programs is the ability to make referrals to needed services outside the scope of what providers can offer in their own programs.

Different programs, agencies and staff can work together to effectively provide more comprehensive, resource efficient and effective services for the community. In addition to referrals, linkages among HIV prevention providers can include formalized working relationships, such as collaborations, shared projects or events planning, shared facilities, cooperative working agreements, informal networking, shared outreach, interagency case conferencing, and community meetings.

This section contains the HIV Prevention Community Planning Committee (HPCPC) recommendations for establishing and strengthening linkages to improve HIV prevention.

Resource Guide: A comprehensive listing of resources that could aid in referrals for HIV prevention providers could be an invaluable tool for staff providing referrals to clients. As part of the process of carrying out a new resource inventory in 2000, the Administration for HIV/AIDS (AHA) will collect data to create a resource guide to HIV prevention services in the District of Columbia, as well as other types of programs and services.

The guide, which will be developed by AHA staff with the assistance of a consultant, will include information on programs and services, location of services, when the services are available, and contact names and telephone numbers. The guide, which will be completed by December 2000, will be updated yearly. AHA will study the feasibility of setting up an Internet site to publish the information, which could then be updated more frequently.

Information Sharing: AHA will convene regular meetings to provide opportunities for HIV prevention providers to learn about other prevention programs as well as other types of programs and services available for individuals at risk of HIV infection. AHA will study the feasibility of designating and putting into contracts the time providers spend networking and building resource lists as units of service. AHA will also require that agencies seeking funding for prevention programs list the primary referral resources they expect to use.

Facilitate HIV Prevention Activities by Non-Providers: AHA will provide technical assistance to programs serving populations that may be at risk for HIV, to help them establish prevention programs or link to existing programs that can provide prevention services for their clients. For example, HIV prevention can be integrated into programs targeting youth, such as social and sports events, supportive services, and programs providing alternative activities for high-risk youth.

In addition, AHA and the HPCPC will develop linkages with managed care organizations

(MCOs), particularly MCOs that enroll Medicaid-eligible District residents. Such linkages are intended to define the role of MCOs in providing comprehensive HIV prevention services to their enrollees and their potential involvement in the HIV prevention community planning process

Referral Tracking System: AHA, with direct input and participation by providers, will develop a system to track referral outcomes for the purpose of evaluating the effectiveness of referrals by District-funded HIV prevention providers, providers of counseling and testing. The system will include:

- Standardized forms for documenting referrals that are specific to intervention type, e.g., case management, street outreach and counseling and testing.
- Designated point persons at each agency as the main resource person (i.e. a contact for referring agencies).
- A mechanism for providers to collect information about where their clients were referred from, including agreements between programs to receive reports back on the number of referrals one agency receives from another agency.
- Grievance procedures for agency noncompliance with agreements.
- Designated contract time for planning and developing the referral system

Cross program training: AHA will develop a program to provide assistance to HIV prevention providers to hold training and information sharing activities with providers of specific kinds of services, such as drug abuse treatment programs. For example, prevention providers could benefit from substance abuse training that addresses issues such as stages of abuse and harm reduction models of care treatment, and from training on mental health issues to facilitate awareness among providers about how these issues relate to the risk of HIV infection.

Additional Linkages: To assist in the development of stronger referral mechanisms, maximize resources, reduce duplication of services, and provide more comprehensive, continuous care, AHA will develop a system to:

- Promote the development of special interest coalitions among providers serving similar populations, by sponsoring meetings of special interest coalitions.
- Explore how primary and secondary HIV prevention providers can work together to provide appropriate HIV prevention to people infected with HIV.
- Promote the establishment of more co-located services (e.g. providing space for a Counseling Testing Referral and Partner Notification counselor from one agency at an agency that does not provide counseling and testing).
- Promote cooperative relationships where a staff person from one agency is on site at another agency to facilitate referrals or other linkages for clients.
- Promote expanded organizational outreach where workers go on-site to other programs to introduce their services to clients of those programs.
- Develop a centralized calendar of HIV prevention events to avoid conflicts in scheduling and provide information about upcoming opportunities for collaboration.

- Develop awareness/connections with non-AHA-funded HIV prevention efforts.

Secondary Prevention: AHA will continue to promote and enhance linkages between primary prevention (halting the transmission or acquisition of HIV infection) and secondary prevention (halting or delaying the onset of illness in an HIV infected individual).